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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 35.C13388

First Named Inventor or Application Identifier

MAHITO SHINOHARA

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No.

APPLICATION See MPEP chapter 600 concerning		ASSISTANT Commissioner for Patents Box Patent Application Washington, DC 20231					
1. Fee Transmittal Form (Submit an original, and a	duplicate for fee processing)	6. Microfiche Computer Program (Appendix)					
2. X Specification	Total Pages 19	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)					
3. X Drawings (35 USC 113)	Total Sheets 3	a. Computer Readable Copy b. Paper Copy (identical to computer copy)					
4. X Oath or Declaration	Total Pages 1	c. Statement verifying identity of above copies					
a. Newly executed (a. Newly executed (original or copy) ACCOMPANYING APPLICATION PAR						
b. X Unexecuted for in	formation purposes	8. Assignment Papers (cover sheet & document(s))					
	application (37 CFR 1.63(d)) visional with Box 17 completed) below]	9. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney					
Signed S inventor(ON OF INVENTOR(S) Statement attached deleting s) named in the prior application,	10. English Translation Document (if applicable)					
see 37 C	FR 1.63(d)(2) and 1.33(b).	11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
The entire disclosure of the printed the oath or declaration is supplied being part of the disclosure of	or application, from which a copy of lied under Box 4c, is considered a the accompanying application and	of S 12 Preliminary Amendment					
hereby incorporated by referen	ce therein.	13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
		14. Small Entity Statement filed in prior application Status still proper and desired					
		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
16. Other:							
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:							
Continuation Divisional Continuation-in-part (CIP) of prior application No/							
18. CORRESPONDENCE ADDRESS							
X Customer Number or Bar Code Label (Insert:Customer No. or Attach bar code label here) or Correspondence address below							
NAME							
Address							
City	State	Zip Code					
Country	Telephone	Fax					

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	16-20 =	0	X \$ 18.00 =	\$ -0-	
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	3-3 =	0	X \$ 78.00 =	\$ -0-	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$260.00 =				\$ -0-	
				BASIC FEE (37 CFR 1.16(a))		
			Total of	above Calculations =	\$ 760.00	
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					
				TOTAL =	\$ 760.00	
b. c.	proper an	ntity statement was filed desired. per claimed.	in the prior nonprovision	nal application and s	uch status is still	
20.	X A check in the amount of \$ 760.00 to cover the filing fee is enclosed.					
21.	A check in the amount of \$ to cover the recordal fee is enclosed.					
22. Th Ac	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:					
a.	X Fees requ	ired under 37 CFR 1.16				
b.	Fees requ	uired under 37 CFR 1.17	•			
c.	Fees requ	uired under 37 CFR 1.18	•			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Abigail F. Cousins (29,292)			
SIGNATURE	Abiquil Corsins			
DATE	March 9, 1999			

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